

AO 435 (Rev. 04/11)		Administrative Office of the United States Courts TRANSCRIPT ORDER			FOR COURT USE ONLY DUE DATE:	
<i>Please Read Instructions:</i>						
1. NAME Attorney Gordon Copland		2. PHONE NUMBER (304) 933-8181		3. DATE 2/19/2014		
4. MAILING ADDRESS Steptoe&Johnson, 400 White Oaks Boulevard		5. CITY Bridgeport		6. STATE WV	7. ZIP CODE 26330	
8. CASE NUMBER 1:09cv87	9. JUDGE Irene M. Keeley	DATES OF PROCEEDINGS 10. FROM 7/19/2013 TO 7/19/2013				
12. CASE NAME Dey v Teva		LOCATION OF PROCEEDINGS 13. CITY Clarksburg 14. STATE WV				
15. ORDER FOR <input type="checkbox"/> APPEAL <input checked="" type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CRIMINAL <input checked="" type="checkbox"/> CIVIL	<input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> IN FORMA PAUPERIS	<input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> OTHER		
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)						
PORTIONS		DATE(S)		PORTION(S)		DATE(S)
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)		
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)						
<input type="checkbox"/> OPENING STATEMENT (Defendant)						
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specify)		
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)						
<input type="checkbox"/> OPINION OF COURT						
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)		
<input type="checkbox"/> SENTENCING				Final Pretrial Conference		July 19, 2013
<input type="checkbox"/> BAIL HEARING						
17. ORDER						
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS	
ORDINARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	75.00	273.75	
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>				
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	273.75	
18. SIGNATURE /s/ Gordon Copland				PROCESSED BY		
19. DATE 2/19/2014				PHONE NUMBER (304) 282-0395		
TRANSCRIPT TO BE PREPARED BY Linda Bachman P.O. Box 969, Clarksburg, WV 26302				COURT ADDRESS		
ORDER RECEIVED	DATE 2/19/2014	BY LB				
DEPOSIT PAID			DEPOSIT PAID	0.00		
TRANSCRIPT ORDERED	2/19/2014		TOTAL CHARGES	273.75		
TRANSCRIPT RECEIVED			LESS DEPOSIT	2		
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED			
PARTY RECEIVED TRANSCRIPT	2/28/2014		TOTAL DUE	273.75		

DISTRIBUTION: COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY